

CASEY COUNTY APPLE FESTIVAL COMMITTEE SCHOLARSHIP APPLICATION

CASEY COUNTY APPLE FESTIVAL & FAIR, INC. P.O. BOX 57 LIBERTY, KY 423539

NAME: _____ AGE: _____

LAST FIRST MIDDLE

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME: _____ OCCUPATION: _____

CURRENT EDUCATIONAL INSTITUTION: _____ CURRENT GPA: _____

(Must be a 2.5 or higher OR be a verified Pell Grant recipient)

EDUCATIONAL / CAREERGOAL: _____

COLLEGE YOU ATTEND / PLAN ON ATTENDING: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NUMBER OF CCAF JR. COMMITTEE HOURS EARNED: _____

LIST THE CCAF COMMITTEE TASKS & OTHER COMMUNITY SERVICE ACTIVITIES YOU HAVE ASSISTED WITH:

I UNDERSTAND THAT I MUST HAVE BEEN FORMALLY APPROVED FOR ADMISSION TO THE COLLEGE OF MY CHOICE AND I CAN PROVIDE VERIFICATION OF ADMISSION IF REQUESTED BY THE BOARD OF DIRECTORS OF THE CASEY COUNTY APPLE FESTIVAL. I UNDERSTAND THAT THIS ONE (1) TIME SCHOLARSHIP PAYMENT WILL BE APPLIED TO THE UPCOMING SCHOLASTIC YEAR. A CHECK WILL BE MADE PAYABLE TO THE COLLEGE OF ADMISSION ONLY. THE RECIPIENT WILL BE CHOSEN BY THE CASEY COUNTY APPLE FESTIVAL'S BOARD OF DIRECTORS WITH ITS DECISION BEING BASED ON THE COMPLETED APPLICATION, THE ATTACHED ESSAY, THE VERIFICATION OF COMMITTEE HOURS WORKED AND OTHER COMMUNITY SERVICE ACTIVITIES.

ALL DECISIONS MADE BY THE BOARD ARE FINAL.

ATTACH: ONE TO TWO (1-2) PAGE ESSAY ON WHAT THE FESTIVAL MEANS TO THE COMMUNITY AND WHAT YOU LEARNED THROUGH VOLUNTEERING. ALSO SUBMIT A LETTER OF RECOMMENDATION (FROM TEACHER, EMPLOYER, OR COMMITTEE MEMBER).

APPLICATION & ESSAYS MUST BE SUBMITTED BY MARCH 31, 2026.

SIGNATURE OF APPLICANT: _____ DATE: _____